

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

SM
Request879
92502-14-01
03-09-01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	Original
1	6/1/78
2	3/1/79
3	✓ / ✓
4	✓ / ✓
5	✓ / ✓
6	✓ / ✓
7	✓ / ✓
8	✓ / ✓
9	✓ / ✓
10	✓ / ✓
11	✓ / ✓
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Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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